

For calendar year 19 or fiscal year beginning , 19 and ending , 20 66

Print or Type

| | | |
|---|---|---|
| Name of estate or trust 1 | Check 5a <input type="checkbox"/> Estate if: 5b <input type="checkbox"/> Trust | Decedent's social security number |
| Name and title of fiduciary 2 | | Trust's or estate's federal I.D. number |
| Address of fiduciary - number and street or rural route 3 | | For DOR use only |
| City, town, or post office State ZIP code 4 | | |
| Check Applicable Box(es) 6 1 <input type="checkbox"/> Amended return <input type="checkbox"/> Decedent's estate <input type="checkbox"/> Simple trust 2 <input type="checkbox"/> Final return <input type="checkbox"/> Bankruptcy estate <input type="checkbox"/> Complex trust <input type="checkbox"/> Initial return <input type="checkbox"/> Grantor trust <input type="checkbox"/> Charitable remainder trust | | |
| | | 88 |
| | | 81 |
| | | 82 CHECK ONE if filing under a federal extension: 4 month federal extension 82 D <input type="checkbox"/> 6 month federal extension 82 F <input type="checkbox"/> |

| | | |
|---|------------------------------------|----|
| 7 Federal taxable income from federal Form 1041 - <i>attach copy of Form 1041</i> | 7 | 00 |
| 8 Additions to federal taxable income: | | |
| a. Federal distribution to beneficiaries | 8a | 00 |
| b. Federal exemption | 8b | 00 |
| c. Arizona income from other fiduciaries | 8c | 00 |
| d. State or municipal bond interest other than Arizona | 8d | 00 |
| e. Other additions to federal taxable income - <i>attach schedule</i> | 8e | 00 |
| 9 Total additions - <i>add lines 8a through 8e</i> | 9 | 00 |
| 10 Total - <i>add lines 7 and 9</i> | 10 | 00 |
| 11 Subtractions from federal taxable income: | | |
| a. Interest received on U.S. obligations | 11a | 00 |
| b. Federal income from other fiduciaries | 11b | 00 |
| c. Arizona estate tax deduction | 11c | 00 |
| d. Arizona distribution to beneficiaries | 11d | 00 |
| e. Other subtractions from federal taxable income - <i>attach schedule</i> | 11e | 00 |
| 12 Total subtractions - <i>add lines 11a through 11e</i> | 12 | 00 |
| 13 Arizona adjusted gross income - <i>subtract line 12 from line 10</i> | 13 | 00 |
| 14 Exemption: \$1,000 for an estate; \$100 for a trust | 14 | 00 |
| 15 Arizona taxable income - <i>subtract line 14 from line 13</i> | 15 | 00 |
| 16 Tax on amount on line 15 - <i>see Tax Rate Table on page 9 of instructions</i> | 16 | 00 |
| 17 Clean Elections Fund Tax Reduction. <i>See instructions, page 7</i> | 17 <input type="checkbox"/> | |
| 18 Tax Reduction. <i>Enter \$5 if box 17 is checked. Otherwise enter zero</i> | 18 | 00 |
| 19 Reduced tax. <i>Subtract line 18 from line 16. If line 18 is more than line 16, enter zero</i> | 19 | 00 |
| 20 Credit for taxes paid to other states or countries | 20 | 00 |
| 21 <i>Subtract line 20 from line 19. If line 20 is more than line 19, enter zero</i> | 21 | 00 |
| 22 Clean Elections Fund Tax Credit. <i>From worksheet on page 8</i> | 22 | 00 |
| 23 Balance of tax. <i>Subtract line 22 from line 21. If line 22 is more than line 21, enter zero</i> | 23 | 00 |
| 24 Arizona estimated tax payments | 24 | 00 |
| 25 Payment with extension | 25 | 00 |
| 26 Payment with original return (if amending) plus all payments after it was filed | 26 | 00 |
| 27 Total payments - <i>add lines 24 through 26</i> | 27 | 00 |
| 28 Refund from original return (if amending) | 28 | 00 |
| 29 Balance of payments - <i>subtract line 28 from line 27</i> | 29 | 00 |
| 30 Voluntary contribution to the Citizen's Clean Elections Fund | 30 | 00 |
| 31 Balance due - <i>Subtract line 29 from line 23, then add line 30 to the result</i> | 31 | 00 |
| 32 Refund due - <i>subtract lines 23 and 30 from line 29</i> | 32 | 00 |
| 33 Amount of line 32 to be applied to your 2000 estimated tax | 33 | 00 |

I declare under the penalties of perjury that this return, including any accompanying schedules and statements, has been examined by me, and to the best of my knowledge and belief, is a true, correct and complete return.

Signature of fiduciary or officer representing fiduciary

Date

Signature of person other than taxpayer or agent

Date

Address of fiduciary or officer

Preparer's TIN

Name of firm or employer, if any

Please Sign Here

Answer
These
Questions

| | | |
|---|--|--------------------------|
| 1 | Check if this return is for a short taxable year | <input type="checkbox"/> |
| 2 | Have Arizona income tax returns been filed for the four (4) years preceding date of death ? Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, explain _____ | |
| | _____ | |
| 3 | Date of decedent's death or date trust established. Month _____ Day _____ Year _____ | |
| 4 | Was a fiduciary return filed the preceding year? Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | If a copy of the will or trust instrument has been previously furnished, state when and where: | |
| | _____ | |
| 6 | Check whether this return was prepared on the cash <input type="checkbox"/> or accrual <input type="checkbox"/> basis. | |
| 7 | Has the federal government made an additional assessment on the income of this estate in the last four (4) years? Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>If yes, submit a detailed report with this return.</i> | |
| 8 | If return is for a trust, state name and address of grantor: | |
| | _____ | |
| | _____ | |
| | _____ | |

If you are sending a payment with this return, mail to: Arizona Department of Revenue, PO Box 52016, Phoenix AZ 85072-2016.
 If you are expecting a refund, or owe no tax, or owe tax but are not sending a payment, mail to: Arizona Department of Revenue, PO Box 52138, Phoenix AZ 85072-2138.